263-040227 MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH STATE FILE NUMBER Primary Registration District No. 002 Registrar's No. Registration District No. DO NOT WRITE ON THIS STUB AMENDED PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before 1350URP COUNTY a. COUNTY VS 300 admission) AMENDED Rev. 4/59 b. CITY (If outside corporate limits, give TOWNSHIP only) Length of stay in 1b c. CITY Inside Limits TOWN Yes 🔼 No 🗌 40 YE ARS c. FULL NAME OF (IF NOT in hospital, give location) d. STREET Inside Limits Reside on Farm **ADDRESS** 7307NORTON AVENUE es DX No □ INSTITUTION Yes [] No JR ENARAH MED 4. DATE 3. NAME OF DECEASED Middle (Type or print) HEATON 1963 DEATH CTOB ER 9. AGE (last birthday) IF UNDER 1 YEAR IF UNDER 24 HR 5. SEX 6. COLOR OR RACE 7. Married T Never Married -Widowed □ Divorced 11. BIRTHPLACE (City and state or country) 10a, USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY Aduring most of working life, even if retired) UEHL BACH MOTEL FOLLOW ALN TER 13a, FATHER'S NAME 13b. MOTHER'S MAIDEN NAME 14. NAME OF HUSBAND OR WIFE ERTHA 17. INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) WORLD WAR I 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: DOCUMENT IMMEDIATE CAUSE (a) Conditions, If any, DUE TO (b) which gave rise to above cause (a), stating the under-13 lying cause last. DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal PART III. If deceased there a pregnancy in last 90 days. disease condition given in PART I (a) **AMENDMENTS** ☐ Yes □ No □ Unknown 20b, DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) HOMICIDE 19. WAS AUTOPSY 20a. ACCIDENT PERFORMED? MEDICAL 20c. TIME OF Month, Day, Year Hour RIBBON INJURY a.m. p.m. STATE 20e. PLACE OF INJURY (e.g., in or about home, term, factorys street, office bldg., etc.) 20d. INJURY OCCURRED WHILE AT WORK OF NOT WHILE AT WORK I **TYPEWRITER** / her Kea Thof and last saw him alive on. 21. I attended the deceased from m on the date stated above, and to the best of my knowledge, from the causes stated. Death occurred at SHOULD 22c. DATE SIGNED 22b. ADDRESS 10-8-65 (State) 23a. BURIAL, CREMATION, 23b. DATE BURIAL (Specify) ģ

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

or by	, Student Embalmer No
working under my personal supervision.	0 , , , ,
Student	_ Signed Dean W. Huff
Signature of Student Embelmer	
ø	Licensed Embalmer No. 4914
o	
	P. O. Address Inda., Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.